

**"FEE ADDRESS" INDICATION FORM**

Address to: **Fax to:**  
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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:

Customer Number **020016**

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**OR**

Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

<b>PATENT NUMBER (if known)</b>	<b>APPLICATION NUMBER</b>
7,307,099	10/539,451

(check one)

Applicant/Inventor

*/B. J. Sadoff/*

Signature

Attorney or Agent of record

36,663

(Reg. No.)

*B. J. Sadoff*

Typed or printed name

Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)

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Requester's telephone number

Assignment recorded at Reel

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Frame

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May 13, 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

\*Total of 1 form/s are submitted.